

DEPARTMENT OF DEVELOPMENTAL SERVICES

1600 NINTH STREET, Room 340, MS 3-24
SACRAMENTO, CA 95814
TDD 654-2054 (For the Hearing Impaired)
(916) 654-2716



December 5, 2006

TO: REGIONAL CENTER EXECUTIVE DIRECTORS

SUBJECT: WELLNESS FUNDING

The Department of Developmental Services (DDS) will allocate funding to regional centers for projects that meet the priorities outlined below. Proposal guidelines and application materials are enclosed. The proposal requirements, as well as the project selection criteria, have been developed in accordance with the Lanterman Act (Welfare & Institutions Code, Chapter 1, Section 4513); every effort has been made to streamline the process. Proposals should provide their project products in electronic format, whenever it is technologically feasible.

Foremost consideration will be granted to those proposals that address the following:

- **Risk Mitigation Strategies for Unplanned Hospitalization**
- **Risk Mitigation Strategies for Poly-pharmacy**
- **Chronic Disease Management**
- **Disaster Preparedness**

The following projects address the priorities listed above. They have either been successfully completed or show promise:

- Redwood Coast Regional Center (05/06) *Medication Review and Management Project*. Created a standardized process of medication review for agency wide implementation. Enhanced documentation of consumer medical issues and improved communication among persons involved in medication prescribing or administration for consumers.
- South Central Los Angeles Regional Center (05/06) *A Multidisciplinary, Collaborative Approach to the Reduction of Psychotropic Medication and Adverse Side-Effects*. Developed a practical and replicable clinical model using standardized rating scales and behavioral data to make appropriate medication and dose selections while also addressing adverse drug effects.

"Building Partnerships, Supporting Choices"

- Westside Regional Center (05/06) *Peer Mentor Healthy Lifestyle Coach Agency*. Created a consumer-directed independent living skills agency staffed by individuals with developmental disabilities with a focus on healthy lifestyles.
- Westside Regional Center (04/05) *Health and Fitness Lifestyle*. Enrolled consumers identified through the Diabetes Identification & Assessment Project in the Lifestyle Change Program. Designed to promote weight loss, increase physical activity, and decrease the risks of diabetes and complications. Identify all consumers within the study population receiving anti-psychotic medications and ascertain if appropriate weight gain and diabetes screening is occurring.
- San Gabriel/Pomona Regional Center (03/04) *A Multidisciplinary Model to Prevent Psychiatric Hospitalization*. Developed tools for the identification of consumers at risk for psychiatric hospitalization, behavioral crisis, and medication mismanagement. A clinical model for intervention to prevent the above was also developed.
- North Bay Regional Center (03/04) *Mortality and Risk Mitigation of Consumers Living in Independent or Supported Living*. Refined a model information and training program to reduce mortality and health and safety risks; refined a model quality management and improvement system; support the duplication of the project to other RCs.
- Golden Gate Regional Center (01/02) *Intensive Multi-Disciplinary Clinical Services*. Developed a comprehensive multi-disciplinary clinical team approach that assesses, treats, and prevents hospitalization and tracks coping skills.
- Regional Center of the East Bay (01/02) *Multidisciplinary Approach to Optimize Diagnosis, Intervention, & Treatment for Consumers Receiving Excessive Psychotropic Medications*. A pilot model of diagnosis, intervention, and treatment for adult consumers receiving excessive psychotropic medications.

The proposal narrative must be between 4 and 10 pages (but should not exceed 10 pages), and must follow the enclosed format. **Proposals must include all required items together (letters of support, outcomes sheet, budget worksheet) when submitted to DDS. Regional centers must also include 12 copies of their proposal at the time of submission.**

Please mail 12 copies of your regional center's completed proposal to:

**Department of Developmental Services
Health and Wellness Section
1600 9th Street, Room 330, MS 3-8
Attention: Jo Ellen Fletcher, Chief**

Regional Center Executive Directors
December 5, 2006
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Proposals postmarked after February 16, 2007, will not be considered for selection. Faxed proposals will not be accepted. Please contact Ms. Fletcher directly at (916) 654-2133, if you have any questions regarding this process. We look forward to receiving your regional center's proposal.

Sincerely,

Original Signed by

JULIA MULLEN, Deputy Director
Community Services and Supports Division

Enclosures

cc: Clinical Directors
Wellness Coordinators
Bob Baldo, ARCA

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CHECKLIST

This checklist is provided to assist you with assembling your proposal. The following documents must be submitted with your proposal:

Cover Sheet

- ☐ Narrative
- ☐ Attachment 1: Outcomes Worksheet
- ☐ Attachment 2: Budget Worksheet
- ☐ Attachment 3: Assurances
- ☐ Attachment 4: Letters/Statements of Support

FREQUENTLY ASKED QUESTIONS

1. Who is eligible for a contract amendment for Wellness Projects?

Only proposals submitted through regional centers will be considered. However, other community partners are encouraged to work with their local regional center to develop proposals.

2. Should I submit a proposal if it is outside of the defined priority letter?

Yes, other projects will be considered, but note that proposals aligned with the stated priorities will be given first consideration.

3. Are these proposal guidelines and application materials available electronically?

Yes, you may access them by logging onto DDS' web site at www.dds.ca.gov and clicking on "Regional Center Wellness Initiative Projects."

4. Will my proposal be disqualified if the narrative exceeds 10 pages?

No, proposals with more than 10 pages of narrative will not be disqualified. Please remember that the selection committee will need to read a large number of proposals in a short amount of time. We encourage you to make your proposals as succinct as possible.

5. How many letters of support do I need? Who should the letters be from?

There is no set number of letters that you are required to submit. However, it is to your advantage to include letters from individuals and/or agencies who will participate in, benefit from, or who confirm local support of your project, such as consumers, families, and Area Boards. A few letters that reflect this type of support are better than a large quantity of vague, form-type letters.

6. Can I fax my proposal to DDS?

No. Faxed copies are often difficult to read or come through with missing pages. The only approved submission process is to send 12 copies of the proposal via US mail, Federal Express, UPS, or Courier postmarked on or before January 26, 2007.

7. When will selection decisions be announced?

Our goal is to have the selection decisions made and announced in late February 2007. Please note: Funds awarded must be encumbered/contracted by June 29, 2007. Final invoices must be received no later than May 15, 2009.

8. What are administrative costs? What can they be used for?

Administrative costs include supplies, property rental, use of regional center equipment, and costs of daily business necessities. Administrative costs should not exceed 11 percent of budget.

9. What does contracting mean?

Contracting refers to entering into a legal agreement with an outside entity to perform specified work during an agreed upon timeframe to perform work-related duties. You can also sub-contract with another regional center.

10. What does encumbering “funds” mean?

Encumbering funds means to contract with one or more entities.

11. How long can I bill for staff salaries?

Salaries may only be billed during the first year that the grant is awarded. **Example: If the grant is awarded on March 1, 2007, salaries may only be billed through June 29, 2007.**

If you have additional questions, please contact Jo Ellen Fletcher, Chief, Health & Wellness Section, at (916) 654-2133.

2006-2007 WELLNESS PROJECT PROPOSAL COVER SHEET

Regional Center _____

Title of Proposed Project:

Regional Center Contact: _____ Phone: _____

Fax: _____ e-mail address _____

Partner/Subcontractor: _____ Phone: _____

Fax: _____ e-mail address _____

Regional Center Chief Financial Officer: _____

Phone: _____ Fax: _____ e-mail: _____

Operations Funding Requested (from Budget Worksheet): Total: \$ _____

In-Kind Funds: \$ _____

Description of the proposal's major activities and goal(s):

Please list the number of consumers potentially served: _____

Projected Results (please check all that apply):

- ☐ Audio Tape Production
- ☐ Curriculum
- ☐ Foreign Language Translation
- ☐ Video Production
- ☐ Research Report
- ☐ Education/Training for: Medical Professions, Consumer & Families
- ☐ Best Practice Guidelines
- ☐ Health History/Documentation
- ☐ Health Assessments
- ☐ Service & Care Providers
- ☐ Specialty Clinic
- ☐ Equipment Purchase
- ☐ Services for Consumers
- ☐ Other: _____

Please submit the final report, and written material (i.e. Guidelines, Curriculum) to DDS in PDF format or for video in a DVD-R format. In order to promote dissemination and sharing of project material, DDS will post all information and/or material developed on our website.

Counties to benefit from this project and associated activities:

2006-2007 WELLNESS PROJECT PROPOSAL FORMAT & GUIDELINES

Please address the following items, not to exceed 10 pages of narrative (excluding attachments).

I. **Project Description**

Background / Needs Statement

- What is the need for the activities?
- Be sure to explain the rationale or background for the proposed activities and identify the expected outcomes.

II. **Proposed Activities**

- Describe proposed activities.
- Target population.
- Type of service to be provided.
- The number of individuals to participate.
- Resources to be developed.
- Project collaborators.

III. **Regional Center Track Record**

- Please briefly describe any previous efforts, projects, and services that your regional center has initiated in this project area.
- Provide a brief narrative describing your regional center's commitment to and capacity to complete the proposed project.

IV. **Plan to Disseminate Products and Information**

- How and to whom will products and information (guidelines, curriculum, reports, etc.) resulting from this project be distributed? **(Products must be disseminated to DDS in PDF format or for video in a DVD-R format, if appropriate, and to other regional centers).** Describe any planned public relations activities.

V. **Timeline**

- Create a timeline including phases: development, implementation, completion, and evaluation.

VI. **Evaluation**

- Impact
- Outcomes

Complete Attachment #1: Outcomes Worksheet

The Outcomes Worksheet is intended to assist you in answering the following questions:

- What impacts will this project have?

- How will you know if the anticipated impact is realized?
- Please identify no more than three (3) specific outcomes.
- Outcomes need to be measurable and should document the results of the project.

Performance Evaluation

- What process will be utilized to evaluate the project's effectiveness?
- For example, how will your regional center measure benefits to consumers?
- How will your regional center collect information regarding barriers?
- How will your regional center gather recommendations for improvement?

Complete Attachment #2: Milestone/Deliverable Budget Worksheet

- A deliverable budget is a specific type of budget containing expenditures that are tied to a product (e.g. a video) or milestone (e.g. 100 health assessments).
- Do not include any projected dates on your Milestone/Deliverable budget worksheet.
- Administrative overhead is not to exceed 11 percent.
- Sub-contractor payment shall be based upon deliverables only. Funds not contracted by June 29, 2007, and not expended by May 15, 2009, will revert to the General Fund.
- **Pursuant to Generally Accepted Accounting Procedures (GAAP), the salary and wages of regional center employees working on plans and associated activities may be claimed through June 29, 2007, only.**
- **Funds must be encumbered/contracted by June 29, 2007, and expended by May 15, 2009.**

Wellness Project Invoice

The invoice provided in this packet is to be used for billing on FY 06-07 Wellness Projects. **Invoices will not be processed unless a current Program Report is on file.** Progress Reports for this cycle are due to DDS on 7/31/07, 1/31/08, 7/31/08, 1/31/09 and 7/31/09.

Complete Attachment #3: Assurances

- Obtain appropriate signatures and attach to your proposed project.

Letters/Statements of Support from the Community

To complete your proposal, please attach letters and statements of support from stakeholders, partners, and other interested parties. Please include letters or statements from individuals and/or agencies who will participate in, benefit from, or are otherwise able to confirm local support of your project, including consumers, families, and Area Boards.

INSTRUCTIONS FOR COMPLETING THE OUTCOMES WORKSHEET

General Instructions:

Regional centers and/or their partners will be asked to report on the impact, or outcomes, of their planned activities. This information will be utilized by DDS to track the overall success of these projects in improving the health and well being of persons with developmental disabilities. To compile information across all projects, it is necessary that a common definition of outcome be utilized. For this purpose, please develop outcomes that describe the benefit or impact to project participants or consumers. Further definition and examples of “person-impact” outcomes are provided below.

A worksheet (Attachment 1) is provided to assist you with the identification of outcomes as well as the indicators and methodologies to be used to measure them. Please indicate up to three outcomes that you plan to measure as part of this project. Proposals will not be evaluated by the number of outcomes indicated, but by how well the identified outcome(s) address the overall goals and by the data indicators and measurement methodologies described.

Explanations:

- **Activities:**
Information about planned activities including **the anticipated** number of people to receive services, number of classes to be taught, materials to be developed, etc. Please note that not all activities can be, nor need to be, tied to a “person-impact” outcome.
- **Data Indicators and Collection Methodology:**
How will you know that the project is having the intended impact? What information will be collected to measure the identified outcomes? How will the data be collected? How will baseline information be established? For example, use of pre- and post-testing, initial assessment and follow-up intervals, etc.
- **Anticipated Outcomes For Participants or Consumers:**
As a result of these activities, what outcomes are anticipated? What changes or benefits will the project participants experience? What are the anticipated benefits for the service delivery system and/or consumers?

Sample Outcomes Worksheet

Goal of Proposed Project: Pilot Comprehensive, monitored nutritional program. Determine the health benefits of such a program. Determine feasibility of expanding such a program and share the results with other regional centers, and organizations such as AAMR.

<u>Activities:</u>	<u>Data Indicators and Collection Methods:</u>	<u>Anticipated Outcomes:</u>
Identify and provide initial nutritional assessments for 100 consumers.	Completion of nutritional evaluation forms and subjective survey forms.	Baseline data on nutritional levels and lifestyles of 100 consumers.
Prepare individual nutritional plan for each consumer.	Completing nutritional menu plan/diary on weekly basis.	See initial increased health benefits (weight loss/gain).
Consumers participate in nutritional long-range plan and have ongoing monitoring.	Each client receives nutritional supervision and participating in program twice weekly as verified by attendance and tracking records. Records of quarterly monitoring.	Continued health benefits charted on a quarterly basis (continued weight loss/gain, decreased blood pressure, increased fitness levels, etc...).
Evaluation and preparation of information and reports.	Individual and aggregate written evaluation of the program at end of year with summary of progress. Educational materials prepared, presented at Spring Wellness Forum, and distributed to regional centers.	Written evaluation of results of nutritional program. Educational materials on how to develop similar programs.

ATTACHMENT 1: OUTCOMES WORKSHEET

2006 – 2007 WELLNESS OUTCOMES WORKSHEET

Title of Proposed Project: _____

Regional Center: _____

Contact _____ Phone: _____

Project Goal: _____

<u>Activities</u>	<u>Data Indicators and Collection Methods</u>	<u>Anticipated Outcomes</u>

ATTACHMENT 2: Milestone/Deliverable Budget Worksheet

Section I

Budget Worksheet

Deliverable/Outcome #1 _____.

Contractor	(List only those that apply)	Grant Funds	In-Kind Funds
1.	Salary & Wages	_____	_____
2.	Travel/Training	_____	_____
3.	Conference Expenditures	_____	_____
4.	Printing/Photocopying	_____	_____
5.	Communication	_____	_____
6.	Postage/Shipping	_____	_____
7.	Materials Development Publications/Videos	_____	_____
8.	Equipment	_____	_____
9.	Description: _____		
10.	TOTAL	_____	_____

Comment Section:

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Deliverable/Outcome #2 _____.

Regional Center Costs	Grant Funds	In-Kind Funds
1. Salary & Wages (Regional Center staff may be claimed only through June 29, 2007).	_____	_____
2. Equipment	_____	_____
3. Office Supplies	_____	_____
4. Travel/Training (Travel paid to 6/29/07)	_____	_____
5. Conference Expenditures	_____	_____
6. Printing/Photocopying	_____	_____
7. Communication	_____	_____
8. Postage/Shipping	_____	_____
9. Materials development publications/videos	_____	_____
10. Contract/Consultation	_____	_____
11. Description: _____		
12. TOTAL	_____	_____

Comment Section:

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Section II

Administrative costs (**not to exceed 11 percent**)_____

Total Cost Budget_____

The Regional Center Administrator//Chief Financial Officer has reviewed this Budget Worksheet.

Administrator/Chief Financial Officer

Signature

Date

ATTACHMENT 3: ASSURANCES

Assurances

_____ (Regional Center) understands and acknowledges the following:

The funds being requested are one-time only and will not be added to the regional center's base budget. **Funds must be encumbered by dates specified in the cover letter. The final invoices are due no later than May 15, 2009.**

Pursuant to Article 4, Section 4669.2 of the Lanterman Act, this regional center has consulted with the local Area Board to confirm the need for any new or expanded services to be developed under this proposal.

The regional center and/or subcontractor will be prepared to send a representative(s) to participate in the next Health and Wellness Forum. Following the implementation of the project and all associated activities, the regional center and/or contractor will, upon request of the Department of Developmental Services, participate in the Health and Wellness Forum to share information by way of a workshop presentation.

This regional center is required to submit semi-annual progress reports and a final report to the Department of Developmental Services, Health and Wellness Section, using the reporting formats included in this packet. Reports are to be sent to the Department of Developmental Services by the following dates: **7/31/07, 1/31/08, 7/31/08, 1/31/09, and 7/31/09.**

This regional center is required to submit expenditure claims and/ identify expenses using the invoice form included in this packet. The Department of Developmental Services may request additional information to substantiate these claims/expenses.

The regional center and sub-contractors recognize that, because all products and resources developed by way of this project and its associated activities are the result of public funds, the regional center and sub-contractors do not have proprietary rights to products and resources and that these products and resources must be sent to the Department of Developmental Services, other regional centers, and made available upon request.

This regional center acknowledges that the equipment purchased for this project and its associated activities, is property of the State of California and that this stipulation will be included in every subcontract.

<u>Executive Director (print)</u>	<u>Signature</u>	<u>Date Signed</u>

ATTACHMENT 4: INVOICE

State of California-Health and Human Services Agency
Revised 11/06

Department of Developmental Services

*This form must be completed in its entirety to be processed appropriately

INVOICE- WELLNESS PROJECT

FY 2006 – 2007

(1) REGIONAL CENTER	(2) <u>PROJECT NAME/TITLE</u>	(3) CONTACT PERSON/PHONE
		CURRENT CLAIM
OPERATIONS		
		(4) TOTAL

Contractor Name _____

FISCAL SUMMARY

PROJECT SUMMARY		
(5) Total Project Contract Amount	(6) Total Project Claim to Date	(7) Balance of Project Contract Amount

I hereby certify that the amounts claimed are in accordance with Contract Number _____ from _____ through _____, between the regional center and the Department of Developmental Services, and that the client services have been purchased in accordance with the fee schedule established by the Department. I further certify that the regional center is not seeking reimbursement for costs incurred to assist, promote, or deter union organizing.

(8) Regional Center Administrator _____

Signature _____
(please print)

(9) Title _____ (10) Telephone # _____

(11) Date _____

(12) Date of Last Progress Report _____

DEPARTMENTAL USE ONLY

Claim Approved for Reimbursement: _____
Date: _____

Wellness Initiative Contract Liaison Signature: _____

Date of Last Progress Report: _____

PROGRESS REPORT
2006 - 2007 WELLNESS PROJECT

Title of Project: _____
Regional Center: _____
Regional Center Coordinator: _____ Phone: _____
Email address: _____

Report Period:

☐ 1st Report ☐ 2nd Report ☐ 3rd Report ☐ 4th Report ☐ Final Report
(due 7/31/07) (due 1/31/08) (due 7/31/08) (due 1/31/09) (due 7/31/09)

Activities Phase: ☐ Development ☐ Implementation ☐ Evaluation ☐ Completion

Activities to Date:

Please describe all project activities during this reporting period, as well as cumulative information to date. Include number of people served, training sessions held, progress made in developing materials, etc.

Date Funds Encumbered: _____

The dates of significant events must be indicated so that the DDS Contract Manager is aware in advance and may attend, if possible. Please note that awarded funds must be encumbered (sub-contracted) by June 29, 2007, and **expended and invoiced by May 15, 2009.**

Outcomes to Date:

Please describe all outcome results compiled. Include specific information for this reporting period, cumulative information to date and initial baseline information, as applicable.

Progress Narrative and Time Lines:

Please describe the factors contributing to the success of these activities. Also discuss any barriers encountered and the steps taken to address them.

Are anticipated time lines being met? ☐ Yes ☐ No

Please submit this report, by due date listed above for each reporting period, to:

Department of Developmental Services
Health & Wellness Section
1600 Ninth Street, Rm. 330, MS 3-8
Sacramento, CA 95814
FAX (916) 654-3464